

CUSTOMER ASSESSMENT SUMMARY					
Occupant Name:			Landlord/Manager Name (if applicable):		
Address:			City/Zip:		
Contact Name (if different)			Telephone (1)		Telephone (2)
Work Type	Proposed Improvements	Customer Responsibility	Work Type	Proposed Improvements	Customer Responsibility
Appliance Repair & Replacement	Main Heating System <input type="checkbox"/> No recommendation		Infiltration Reduction—Windows	Window Repair/Replace <input type="checkbox"/> No recommendation	
	<input type="checkbox"/> Repair, <input type="checkbox"/> Replace main heating system	<input type="checkbox"/>		Single-pane: <input type="checkbox"/> Repair #____, <input type="checkbox"/> Replace #____	<input type="checkbox"/>
	Thermostat: Install <input type="checkbox"/> Programmable, <input type="checkbox"/> Manual	<input type="checkbox"/>		Double-pane: <input type="checkbox"/> Repair #____, <input type="checkbox"/> Replace #____	<input type="checkbox"/>
	Air Filter: Install #____ washable, #____ disposable	<input type="checkbox"/>		Storm Windows: <input type="checkbox"/> Add #____, <input type="checkbox"/> Replace #____	<input type="checkbox"/>
	<input type="checkbox"/> Combustion & Ventilation Air correction	<input type="checkbox"/>		Sliding Glass Door: <input type="checkbox"/> Repair #____, <input type="checkbox"/> Replace #____	<input type="checkbox"/>
	<input type="checkbox"/> Flue/Vent system correction	<input type="checkbox"/>		<input type="checkbox"/> Other:	<input type="checkbox"/>
	<input type="checkbox"/> Wood-burning Space Heater	<input type="checkbox"/>		<input type="checkbox"/> Other:	<input type="checkbox"/>
	<input type="checkbox"/> Other:	<input type="checkbox"/>	Weatherstripping	Weatherstripping (w/s) <input type="checkbox"/> No recommendation	
	Main Cooling System <input type="checkbox"/> No recommendation			Repair door w/s: <input type="checkbox"/> front, <input type="checkbox"/> side, <input type="checkbox"/> back, <input type="checkbox"/> garage	<input type="checkbox"/>
	<input type="checkbox"/> Repair, <input type="checkbox"/> Replace main cooling system	<input type="checkbox"/>		<input type="checkbox"/> Other:	
	<input type="checkbox"/> Repair/Replace condensate line	<input type="checkbox"/>		Replace door w/s: <input type="checkbox"/> front, <input type="checkbox"/> side, <input type="checkbox"/> back, <input type="checkbox"/> garage	<input type="checkbox"/>
	Thermostat: Install <input type="checkbox"/> Programmable, <input type="checkbox"/> Manual	<input type="checkbox"/>		<input type="checkbox"/> Other:	
	Air Filter: Install #____ washable, #____ disposable	<input type="checkbox"/>		Appliance enclosure door w/s: <input type="checkbox"/> Repair, <input type="checkbox"/> Replace	<input type="checkbox"/>
	<input type="checkbox"/> Other:	<input type="checkbox"/>		Attic access w/s: <input type="checkbox"/> Repair #____, <input type="checkbox"/> Replace #____	<input type="checkbox"/>
	<input type="checkbox"/> Other:	<input type="checkbox"/>		<input type="checkbox"/> Other:	<input type="checkbox"/>
	Cooking Appliances <input type="checkbox"/> No recommendation		Caulking	Caulking <input type="checkbox"/> No recommendation	
	<input type="checkbox"/> Repair, <input type="checkbox"/> Replace kitchen: <input type="checkbox"/> Range, <input type="checkbox"/> Oven	<input type="checkbox"/>		<input type="checkbox"/> Under-sink plumbing penetrations	<input type="checkbox"/>
	<input type="checkbox"/> Repair, <input type="checkbox"/> Replace Mobile Hm. kitchen ventilation	<input type="checkbox"/>		Around: <input type="checkbox"/> doors, <input type="checkbox"/> windows	<input type="checkbox"/>
	<input type="checkbox"/> Other:	<input type="checkbox"/>		Around: <input type="checkbox"/> supply, <input type="checkbox"/> return register boots	<input type="checkbox"/>
	Water Heater <input type="checkbox"/> No recommendation			<input type="checkbox"/> Vent/Other bypasses, <input type="checkbox"/> Cracks/holes in glazing	<input type="checkbox"/>
	<input type="checkbox"/> Repair, <input type="checkbox"/> Replace Water Heater	<input type="checkbox"/>		<input type="checkbox"/> Other:	<input type="checkbox"/>
	<input type="checkbox"/> Repair, <input type="checkbox"/> Replace Water Heater floor	<input type="checkbox"/>	Electrical Conservation Measures	Electric Measures <input type="checkbox"/> No recommendation	<input type="checkbox"/>
	<input type="checkbox"/> Other:	<input type="checkbox"/>		<input type="checkbox"/> Compact Fluorescent Fixture: Install #____	<input type="checkbox"/>
Infiltration Reduction—General	Infiltration Reduction <input type="checkbox"/> No recommendation			<input type="checkbox"/> Fluorescent Torchieres: Replace #____ reg. lamps	<input type="checkbox"/>
	<input type="checkbox"/> Attic Hatch <input type="checkbox"/> Door and Window Frames	<input type="checkbox"/>		<input type="checkbox"/> Compact Fluorescent Lamps (CFLs): Install #____	<input type="checkbox"/>
	<input type="checkbox"/> Add Gaskets <input type="checkbox"/> Add cover plates	<input type="checkbox"/>		<input type="checkbox"/> Ceiling Fan: Install #____ at:	<input type="checkbox"/>
	<input type="checkbox"/> Replace Glass <input type="checkbox"/> Adjust Weatherstripping	<input type="checkbox"/>		<input type="checkbox"/> 1 Microwave Oven: <input type="checkbox"/> Add, <input type="checkbox"/> Replace	<input type="checkbox"/>
	<input type="checkbox"/> Patches: #____ Wall, #____ Ceiling, #____ Floor	<input type="checkbox"/>		<input type="checkbox"/> Refrigerator: Install #____. Remove #____ old refrigerators (and ____ stand-alone freezer)	<input type="checkbox"/>
	<input type="checkbox"/> Other:	<input type="checkbox"/>		<input type="checkbox"/> Water Heater Timer: Install #____	<input type="checkbox"/>
Infiltration Reduction—Entrance Doors	Entrance Doors <input type="checkbox"/> No recommendation			<input type="checkbox"/> Other:	<input type="checkbox"/>
	<input type="checkbox"/> Repair #____ doors at:	<input type="checkbox"/>	Additional Measures	Additional Measures <input type="checkbox"/> No recommendation	<input type="checkbox"/>
	<input type="checkbox"/> Replace #____ doors at:	<input type="checkbox"/>		<input type="checkbox"/> CO Alarm: #____ Battery; #____ Line Cord	<input type="checkbox"/>
	<input type="checkbox"/> Install: #____ door shoes, #____ thresholds			<input type="checkbox"/> Vent covers: #____ Evap. Cooler, #____ AC	<input type="checkbox"/>
	<input type="checkbox"/> Other			<input type="checkbox"/> Faucet Aerators: #____ kitchen, #____ bathroom	<input type="checkbox"/>
Infiltration Reduction—Ducts	Duct Leakage Sealing <input type="checkbox"/> No recommendation			<input type="checkbox"/> Showerheads: #____ regular, #____ hand-held	<input type="checkbox"/>
	Seal plenum(s): <input type="checkbox"/> supply, <input type="checkbox"/> return (<input type="checkbox"/> platform)	<input type="checkbox"/>		<input type="checkbox"/> Water Heater Insulation: #____ blankets	<input type="checkbox"/>
	Seal <input type="checkbox"/> ducts, <input type="checkbox"/> components, <input type="checkbox"/> FAU base	<input type="checkbox"/>		<input type="checkbox"/> Water Heater Pipe Insulation: #____ linear feet	<input type="checkbox"/>
	<input type="checkbox"/> Repair, <input type="checkbox"/> Reconnect: <input type="checkbox"/> ducts, <input type="checkbox"/> components	<input type="checkbox"/>		<input type="checkbox"/> Mechanical Ventilation	<input type="checkbox"/>
	<input type="checkbox"/> Repair, <input type="checkbox"/> Replace: supply <input type="checkbox"/> boots <input type="checkbox"/> registers	<input type="checkbox"/>		<input type="checkbox"/> Shade Screens: #____ at:	<input type="checkbox"/>
	<input type="checkbox"/> Replace approximately ____ LF of ductwork	<input type="checkbox"/>		<input type="checkbox"/> Tinted Window Film: #____ at:	<input type="checkbox"/>
	<input type="checkbox"/> Balance airflow <input type="checkbox"/> Other:	<input type="checkbox"/>		<input type="checkbox"/> Ext. Thermal Shutters: #____ at:	<input type="checkbox"/>
	<input type="checkbox"/> Other	<input type="checkbox"/>		<input type="checkbox"/> Other:	<input type="checkbox"/>
				<input type="checkbox"/> Other:	<input type="checkbox"/>
				<input type="checkbox"/> Other:	<input type="checkbox"/>

Occupant:			Address:		
Work Type	Proposed Improvements	Customer Responsibility	Work Type	Proposed Improvements	Customer Responsibility
Ceiling Insulation and Venting	Ceiling Insulation <input type="checkbox"/> No recommendation	<input type="checkbox"/>	Wall Insulation	Wall Insulation <input type="checkbox"/> No recommendation	<input type="checkbox"/>
	<input type="checkbox"/> Area #1 _____ (_____ sq ft), add R-_____	<input type="checkbox"/>		<input type="checkbox"/> Area #1 _____ (_____ sq ft), add R-_____	<input type="checkbox"/>
	<input type="checkbox"/> Area #2 _____ (_____ sq ft), add R-_____	<input type="checkbox"/>		<input type="checkbox"/> Area #2 _____ (_____ sq ft), add R-_____	<input type="checkbox"/>
	<input type="checkbox"/> Area #3 _____ (_____ sq ft), add R-_____	<input type="checkbox"/>		<input type="checkbox"/> Area #3 _____ (_____ sq ft), add R-_____	<input type="checkbox"/>
	<input type="checkbox"/> Knee Wall #1 (_____ sq ft), add R-_____	<input type="checkbox"/>		Patches: _____ inch diam., <input type="checkbox"/> painted, <input type="checkbox"/> primed	<input type="checkbox"/>
	<input type="checkbox"/> Knee Wall #2 (_____ sq ft), add R-_____	<input type="checkbox"/>		<input type="checkbox"/> Other: _____	<input type="checkbox"/>
	<input type="checkbox"/> Other: _____	<input type="checkbox"/>			
	<input type="checkbox"/> Other: _____	<input type="checkbox"/>			
	<input type="checkbox"/> Other: _____	<input type="checkbox"/>			
	Attic Venting <input type="checkbox"/> No recommendation			Safety Issues Requiring Communication with Owner or Occupant	Safety Issues <input type="checkbox"/> No issues
<input type="checkbox"/> Upper: _____ sq ft, type: _____	<input type="checkbox"/>	<input type="checkbox"/> The following gas appliance(s) will be abandoned: _____	_____		
<input type="checkbox"/> Lower: _____ sq ft, type: _____	<input type="checkbox"/>	<input type="checkbox"/> Remove flex/valve for this previously abandoned appliance: _____	_____		
<input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/> To obtain combustion air for this appliance: _____ this door: _____ will be: _____	_____		
		<input type="checkbox"/> Removed, <input type="checkbox"/> Replaced with a Louvered Door.	_____		
		<input type="checkbox"/> To obtain combustion air for this appliance: _____ vents will be installed at: _____	_____		
		<input type="checkbox"/> Gas leak is present in this location: _____ and it is understood that caution is required until leak is repaired.	_____		
		<input type="checkbox"/> Because Furnace Flue pipe is close to Evap. Cooler, vent cover(s) must be in place during heating season.	_____		
		<input type="checkbox"/> Fireplace damper must be open for Gas Log.	_____		
		<input type="checkbox"/> Other: _____	_____		
Floor Insulation and Venting	Floor Insulation <input type="checkbox"/> No recommendation				
	<input type="checkbox"/> Area #1 _____ (_____ sq ft), add R-_____	<input type="checkbox"/>			
	<input type="checkbox"/> Area #2 _____ (_____ sq ft), add R-_____	<input type="checkbox"/>			
	<input type="checkbox"/> Other: _____	<input type="checkbox"/>			
	Foundation Venting <input type="checkbox"/> No recommendation				
	<input type="checkbox"/> _____ sq ft, type/at: _____	<input type="checkbox"/>			
Knob-and-Tube Electrical Wiring	Knob-and-Tube Wiring <input type="checkbox"/> No recommendation				
	K&T wiring: <input type="checkbox"/> present, <input type="checkbox"/> energized, <input type="checkbox"/> de-energized	<input type="checkbox"/>			
	Location(s): <input type="checkbox"/> attic, <input type="checkbox"/> walls, <input type="checkbox"/> floors	<input type="checkbox"/>			
	<input type="checkbox"/> Wiring will be checked by Electrical Contractor and must be certified safe for insulation to be installed.	<input type="checkbox"/>			
	<input type="checkbox"/> Possible nuisance tripping explained to client	<input type="checkbox"/>			
	<input type="checkbox"/> Other: _____	<input type="checkbox"/>			
	<input type="checkbox"/> Other: _____	<input type="checkbox"/>			
	<input type="checkbox"/> Other: _____	<input type="checkbox"/>			

Homeowner/Landlord Acceptance of Services

See Dwelling Assessment Form (CSD 540 and CSD 540A)

Tenant Acknowledgement

See Dwelling Assessment Form (CSD 540 and CSD 540A)

Assessor / Agency Information

Assessor Name:	Assessor Signature:
Assessment Date:	
Agency Name:	Agency Telephone: